



AT A GLANCE

WISEWOMAN

A Crosscutting Program to Improve the Health of Uninsured Women 2007



“As part of CDC’s Division for Heart Disease and Stroke Prevention, WISEWOMAN is an integral part of the nation’s efforts to reduce heart disease and stroke among the most vulnerable Americans.”

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Director, Division for Heart Disease and Stroke Prevention, CDC

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
COORDINATING CENTER FOR HEALTH PROMOTION

Increased Health Risks for Uninsured Women

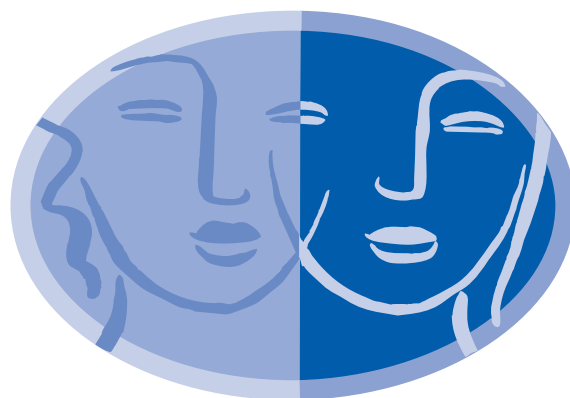
In 2006, 15.8% and 12.2% of women aged 35–44 and 45–64 years, respectively, did not have health insurance. Uninsured women are more likely to be members of racial and ethnic minority groups, to have less education, and to be poorer than women with insurance. Their ability to pay for health care is limited. Uninsured women may be especially vulnerable to cardiovascular disease and other chronic diseases because they are more likely than insured women to smoke cigarettes and to be overweight. They also are less likely to engage in physical activity and to be aware of their cholesterol and blood pressure levels.

Among women aged 40 or older, 71% of those who are insured report having had a mammogram in the previous year, compared with only 46% of uninsured women. Uninsured U.S. adults also are less likely to be screened for high blood pressure and high cholesterol and to be advised by a health care professional to lose weight and quit smoking.

Cardiovascular Disease: The Leading Cause of Death Among Women

Although heart disease and stroke are commonly believed to affect men primarily, more than half of all people who die of these diseases are women. Heart disease and stroke are the first and third leading causes of death for U.S. women. In addition, 8 million women in the United States are

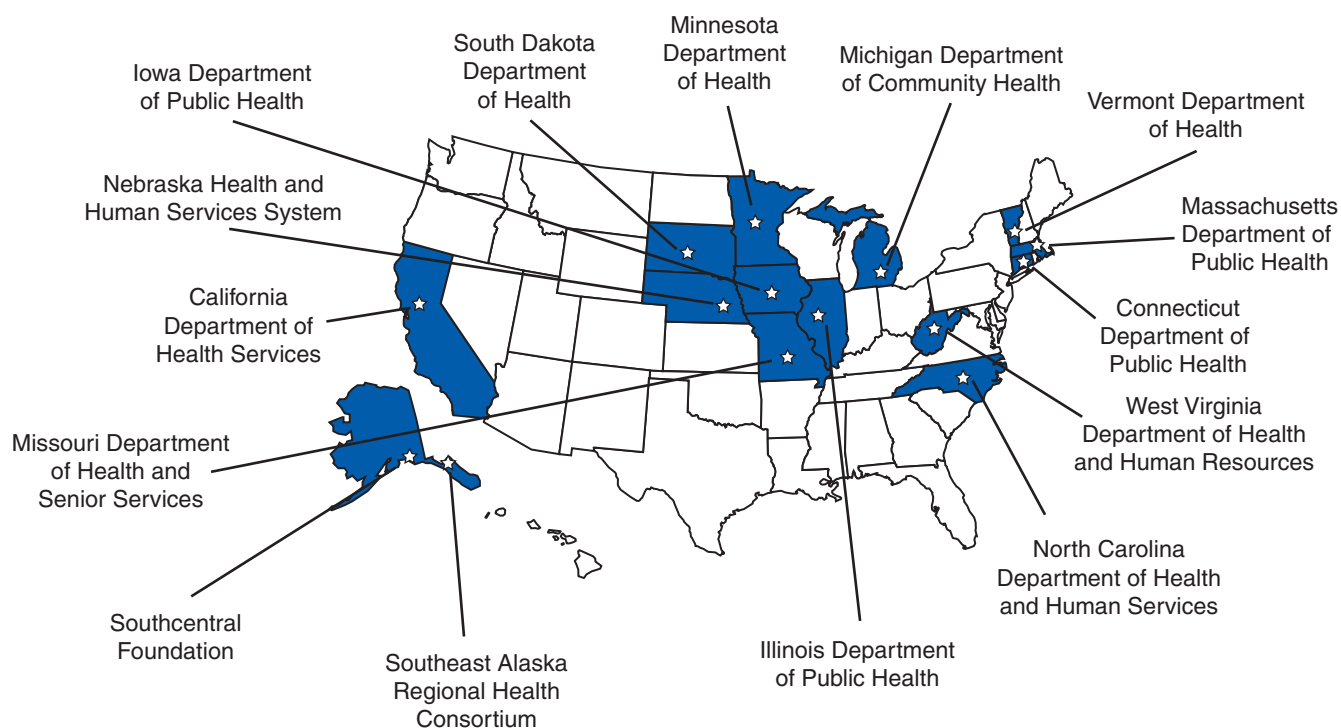
currently living with heart disease. Addressing risk factors such as high cholesterol, high blood pressure, diabetes, obesity, physical inactivity, unhealthy diet, and smoking greatly reduces women's risk for illness and death from heart disease. However, screening, intervention, and treatment services for these risk factors are often beyond the reach of uninsured women.



WISEWOMAN™

Well-integrated Screening and Evaluation
for Women Across the Nation

CDC's WISEWOMAN Projects, Fiscal Year 2007



CDC's Leadership in Promoting Healthy Lifestyles

WISEWOMAN is a CDC-funded program that helps women with little or no health insurance gain access to screening and lifestyle interventions that can reduce their risk for heart disease, stroke, and other chronic diseases. The WISEWOMAN program was established in 1993 through legislation that authorized the expansion of services offered through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) to include screenings and interventions for chronic disease risk factors.

Women who qualify for this program are participants in NBCCEDP who are aged 40–64 and have little or no health insurance. Many of these women are members of racial and ethnic minority populations and have risk factors for heart disease and stroke.

In 1995, CDC launched WISEWOMAN demonstration projects in three states—Massachusetts, North Carolina, and Arizona. In their first year, these projects demonstrated that offering screening tests for chronic disease risk factors to women in the NBCCEDP was feasible and well accepted by health care providers and participants. Lifestyle interventions are designed to change behavioral risk factors for chronic diseases, especially physical inactivity and unhealthy diets. Each project tested different interventions to determine which ones worked best for their populations. Specific interventions included structured counseling, physical activity classes, and

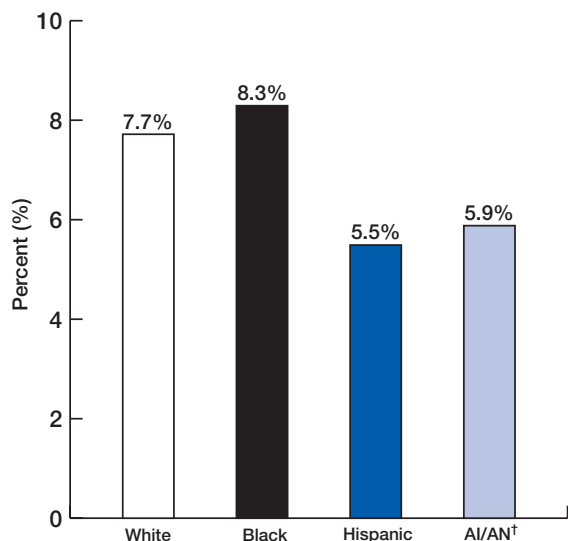
walking groups. Early studies of the effectiveness of selected interventions found that participants reported reducing fat in their diets and becoming more physically active. For fiscal year 2007, Congress allocated \$13 million to fund WISEWOMAN projects.

Increasing the Reach of WISEWOMAN

Since the program's initial funding in 1995, WISEWOMAN has gradually expanded its reach. From the initial three state projects, the program had grown to include 15 projects in 14 states by June 2005. From January 2000 through June 2006, projects screened more than 50,000 women for risk factors for heart disease and stroke and provided about 135,000 lifestyle intervention sessions. The women enrolled in the program during this period were at high risk for heart disease and stroke—74% were overweight or obese, 27% smoked, 24% had high blood pressure, and 22% had high cholesterol.

WISEWOMAN emphasizes a range of interventions, including smoking cessation, because women who smoke are at higher risk of having a heart attack or stroke than nonsmokers. With the right tools and information, women who participate in WISEWOMAN interventions are more likely to quit smoking and make other healthy lifestyle choices. After only 1 year, cardiovascular disease risk decreased 5.5%–8.3% among participants, and smoking rates decreased 5.9%–10.0%.

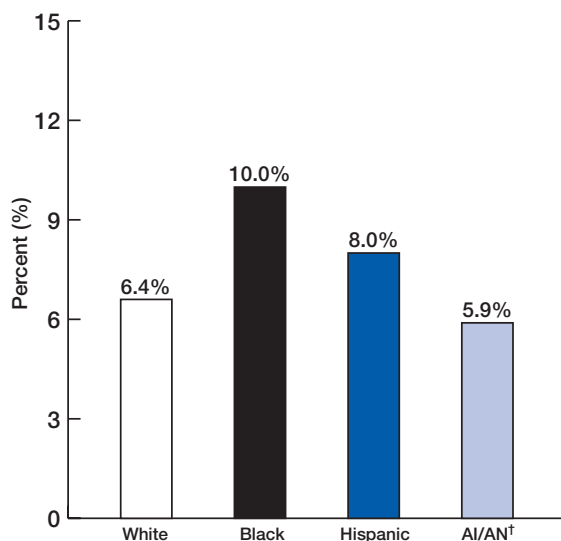
Reduction in Cardiovascular Disease Risk* Among WISEWOMAN Participants After 1 Year, January 2000–June 2006



* Defined as the probability of a cardiovascular event in the next 5 years; calculated using the following factors: sex, age, blood pressure, cholesterol levels, smoking status, and diabetes status.

† American Indian/Alaska Native.

Reduction in Smoking Rates* Among WISEWOMAN Participants After 1 Year, January 2000–June 2006



* Smoking status is self-reported. Women were asked, "Do you now smoke cigarettes?"

† American Indian/Alaska Native.

Fostering Community Partnerships to Improve Women's Health

Community partnerships help to strengthen WISEWOMAN projects. By pooling resources and sharing lessons learned, WISEWOMAN projects and their partners provide underserved women an array of health services they otherwise would not receive. WISEWOMAN goes a critical step further by providing skill-building opportunities and quality education about risk factors. The program also promotes support groups to help women change and maintain healthy behaviors.

This additional access and support is illustrated by the following examples from *WISEWOMAN Works: A Collection of Success Stories on Empowering Women to Stop Smoking* (available online at <http://www.cdc.gov/wisewoman>).

Working to Prevent Heart Disease and Stroke

The Southeast Alaska Regional Health Consortium's (SEARHC) WISEWOMAN project partnered with the Alaska Heart Disease and Stroke Prevention (HDSP) Program to enhance each group's efforts at the local level. They share educational materials, clinical management tools, and access to local community members and health care providers. Because of its unique access to local communities, the WISEWOMAN project is able to guide Alaska's HDSP Program on how to make interventions culturally appropriate. Each organization also works with Take Heart Alaska, a statewide cardiovascular disease prevention coalition.

WISEWOMAN and the HDSP Program also are addressing quality of care issues in rural Alaska by developing tools to help local health care providers improve their efficiency. During 2005–2006, to work toward ensuring that all Alaskans knew their cholesterol level—and that people with high levels were identified and treated—WISEWOMAN and the HDSP Program worked with 15 clinics to implement prevention and follow-up protocols for monitoring blood pressure and cholesterol levels. After 1 year, a 7.5% reduction in smoking rates was reported for WISEWOMAN participants; an 8% reduction was reported for estimated risk for death within the next 5 years from heart disease and stroke.

The original 2-year project was so successful that it has continued at 12 clinics. In addition, SEARHC played a vital role in this project by sharing its research to validate the reliability of the Cholestech® machines used in these clinics to measure cholesterol levels. Because this research was performed in

Alaska by reputable labs, its findings were accepted and adopted by local clinicians.

Partnering to Help Women Quit Smoking

Budget cuts in the Massachusetts Tobacco Control Program prompted a partnership between the state WISEWOMAN project and the University of Massachusetts (UMass) Medical School. Together, they developed a plan to fund tobacco treatment services for WISEWOMAN participants. The UMass Medical School trained WISEWOMAN staff on how to use a smoking cessation program called the 5 A's (Ask, Assess, Advise, Assist, and Arrange) to refer clients to appropriate interventions.

Women who attend face-to-face counseling receive free nicotine replacement therapy. Women who are not ready to quit, are not able to attend face-to-face counseling, or prefer telephone counseling are referred to QuitWorks, a program that links health care providers and their patients who smoke to a toll-free quitline. Of the 2,341 WISEWOMAN participants in 2006, nearly 50% (1,112) were self-reported smokers.

This partnership also led WISEWOMAN staff to join the Partnership for a Heart Healthy Stroke Free Massachusetts, a statewide coalition that supports the QuitWorks program as part of its heart disease and stroke prevention efforts.

Future Directions

The WISEWOMAN program is unique because it addresses multiple health needs of women by partnering with other CDC programs and by providing comprehensive interventions that help participants adopt healthier lifestyles.

As a program in the Division for Heart Disease and Stroke Prevention, WISEWOMAN works with CDC's Office on Smoking and Health, Division of Diabetes Translation, Division of Cancer Prevention and Control, and Division of Adult and Community Health to help women stop smoking; reduce their risk for heart disease, stroke, and diabetes; increase their physical activity levels; and improve their diet.

CDC has evaluated WISEWOMAN projects to learn which intervention strategies work best. In 2007, WISEWOMAN staff in the Division for Heart Disease and Stroke Prevention will continue to disseminate successful strategies to grantees, health educators, and other health care professionals.

For more information, please contact the Centers for Disease Control and Prevention
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